

Shortage Communication Best Practices

1. Start with a Clear, Actionable Summary

Memos sent to organization should include:

1. What drug is in shortage (generic + brand if relevant)
2. Severity (limited supply vs. unavailable)
3. Effective date of change
4. What you want them to do differently (see #2 and #3)

Example: “Due to IV pyridoxine being reserved as an essential antidote, IV/IM pyridoxine cannot be ordered for non-antidote indications effective immediately.”

2. Standardize the Clinical Plan

If the shortage requires clinicians to utilize alternative medications, the following information should be included:

1. Define approved alternatives
2. Include dosing guidance
3. Clarify when NOT to substitute
4. Address special populations (OB, peds, ICU)

3. Be Specific About Restrictions

Define restrictions as simple as possible. Examples include:

- “Restricted to ICU only”
- “Requires ID approval”
- “Restricted to patients unable to take PO”

4. Provide a Point of Contact

Always include:

- Pharmacy contact (e.g., main pharmacy number, ID pharmacist, etc.)
- Escalation pathway for exceptions

5. Determine Your Audience

- **Providers:** alternatives + clinical rationale
- **Nurses:** administration changes, compatibility, workflow impact
- **Pharmacy:** inventory controls, compounding, restrictions

6. Integrate Alerts Into Workflow

Use multiple channels:

- EHR alerts/order sets updates
- Pharmacy verification notes
- Pyxis/Omniceil messaging
- Unit huddles or shift briefings

8. Update Regularly (Even If Nothing Changes)

- Send updates at defined intervals (e.g., weekly for critical shortages)
- Clearly label:
 - “NEW”
 - “UPDATED”
 - “NO CHANGE”

9. Close the Loop When Resolved

Don't forget to communicate when it's over.

- “Shortage resolved—normal ordering resumed”
- Remove restrictions in systems at the same time

10. Track Impact and Compliance

As able, monitor:

- Utilization trends
- Adverse events
- Workarounds